Revised December 1974

57108

CALIFORNIA LIQUID WASTE HAULER RECORD

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STATE DEPARTMENT OF HEALTH

| [| | | - DEL ATTI | SFUND RECORDS CTR |
|---|---------------------------------------|---------------------------|-------------------|--|
| PRODUCER OF WASTE (Must be filled by producer) | | | | HAULER OF WASTE (Must be filled by hauler) 999000636 |
| Name ALUMI | | AMERICA | | ASBURY OIL CO. |
| Pick up Address: 5/5/ | ALCOA AVE | UBENON | CODE NO. | 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 |
| Pick up Address: SISI ALCOA AVE VERNON (CITY) | | | | 3 - 27 - 78 Dam |
| Telephone Number: () P.O. or Contract No.: | | | | Phone: (213) 321-1392 Pick Up: |
| Order Placed By: Date: | | | | State Liquid Waste Hauler's Registration No. (If applicable) |
| Type of Process | U UMINUM FAR | PICATAD | TTT | Job No.: No. of Loads or Trips: Unit No |
| which Produced Wastes: 4LUMIAUM FABRICATOR (Examples: metal plating, equipment cleaning, oil drilling — CODE NO. | | | | Vehicle: Vevacuum truck / \(\) barrels, \(\) flatbed, \(\) other |
| wastewater treatment, pickling bath, petroleum refining) | | | | The described waste was hauled by me to the disposal |
| DESCRIPTION OF WASTE (Must be filled by producer) | | | | facility named below and was accepted. |
| Check type of wastes: | | | | I certify (or declare) under penalty of perjury |
| 1. 🗆 Acid solution 🧭 | 6. Tetraethyl lead sludge | 11. Contaminated | soil and sand | that the foregoing is true and correct. |
| 2. Alkaline solution | .7. Chemical toilet wastes | 12. Cannery waste | • | DISPOSER OF WASTE (MUST be Ded by APERANING INDUSTRIES, INC. |
| 3. Pesticides | 8. Tank bottom sediment | 13. Latex waste | | 2425 So. Cafflett Ave |
| 4. Paint sludge | 9. 🗆 Oil | 14. Mud and water | r | Name (print or type): |
| 5. Solvent | 10. Drilling mud | 15. ☐ Brine | | Site Address: |
| Other (Specify) | L SLUDGE & | WATER | | The hauler above delivered the described waste to this disposal facility and it was an acceptable |
| Components: | | | | material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. |
| (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm | | | | Quantity measured at site (if applicable):State fee (if any): |
| organics (list), cyanide) | | | | |
| 1. | | | | Handling Method(s): |
| 2. | | | | recovery |
| | | - — H | H | treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO. |
| 3 | | - | H | disposal (specify): pond spreading handfill injection well |
| 4. | <u> </u> | | | Other (specify): |
| 5. | | | | If waste is held for disposal elegythese specify right location: |
| 6. | | | | Disposal Date: |
| Hazardous Properties of Waste: | | | | t certify (or declare) under penalty of perjury |
| pH | | | | that the foregoing is true and correct |
| | | barreis | | SIGNATURE OF AUTHORIZED AGENT AND TITLE |
| Bulk Volume: | del 🗌 tons 🗸 | (42 gal.) 🗌 other | (SPECIFY) | The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. |
| Containers: | drums cartons | bags other | SUMP (apecify) | |
| Physical State: | ☐ solid X liquid 🔀 | sludge 🗆 other | [SPECIPY] | |
| Special Handling Instructions (if any): | | | | |
| | | | | |
| | | | | |
| The weste is described to the | best of my ability and it was deliver | ad to a licensed liquid w | rete hauler lif | |
| applicable). | pest of my ability and it was deliver | an to a unansan udulo M | este manier (II | |
| I certify (or declare) under penalty of perjury that the foregoing is true and correct. | | | | FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. |

D.O.T. Proper Shipping Name

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